

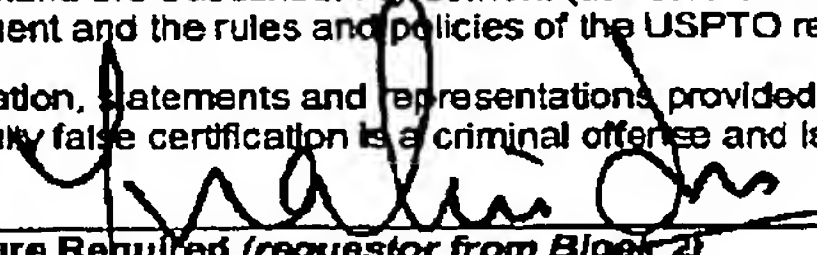
SEP 02 2008

PTO-2042 (06-2006)

Approved for use through 02/28/2009, OMB 0651-0045

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Certificate Action Form	Address to: Mail Stop EBC Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	USPTO Use Only
Block 1 Requestor Status		
(select one) <input type="checkbox"/> Registered Practitioner <input type="checkbox"/> Limited Recognition Practitioner <input checked="" type="checkbox"/> Pro Se Inventor	Practitioner Registration Number or Limited Recognition Number:	Practitioners ONLY Check box to indicate that additional customer numbers are listed on an attached sheet <input type="checkbox"/>
Customer Numbers - Enter in space(s) provided below A customer number is an application electronic tracking number assigned by the USPTO that associates your certificate with one or more patent applications. Please see the instructions if you don't already have a customer number http://www.uspto.gov/ebs/digitalcert.htm		
Customer Number	Customer Number	Customer Number
38150		
Block 2 - Requestor Information (All Information Required)		
Name as it should appear on your PKI Certificate or as it appears on previous certificates in cases of recovery.		If this is a name change (for registered individuals or persons granted limited recognition, the name provided must correspond to Office of Enrollment and Discipline records), please enter the name under which the certificate was previously created below and enter new name in space provided:
First (Given) Name	Middle Name	Last (Family) Name
Prabir		Sen
Street Address (line 1)		18 Washington Street
Street Address (line 2)		
City	State	Zip
Glenview	Illinois	60025
Country	USA	
Telephone Number (select phone location)	31245127736	Email Address
	<input type="radio"/> home <input type="radio"/> work <input checked="" type="radio"/> cell	psen@wcpgroup.com
Block 3 - Type of Action Requested (you must select at least 1)		
<input type="checkbox"/> Request a new PKI Certificate (I have never been issued a PKI Certificate by USPTO)		
<input checked="" type="checkbox"/> Recover previously issued PKI Certificate (select 1 reason)		
<input checked="" type="checkbox"/> -- Forgotten or Lost Password <input checked="" type="checkbox"/> -- Corrupted or Lost Profile <input type="checkbox"/> -- Other reason (Please explain): The system was last used one year back. The USPTO Direct shows Profile has expired.		
<input type="checkbox"/> Associate current PKI Certificate with the customer numbers detailed in Block 1		
<input type="checkbox"/> Revoke current PKI Certificate		
<input type="checkbox"/> Name Change (see Block 2 above)		
<input type="checkbox"/> Other - Describe in Detail:		
Block 4 - Signature (required)		
I have read and understand the Subscriber Agreement (as listed on www.uspto.gov/ebs) and my signature on this document, by hand, is my agreement to abide by the Agreement and the rules and policies of the USPTO regarding the Agreement.		
I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).		
Signature Required (requestor from Block 2)		Date (mm/dd/yyyy)
		Sept 02, 2008
Block 5 - Identification (required)		
SUBSCRIBED and SWORN to before me by _____ (requestor from Block 2) this _____ day of _____ (month), 20____, in the county of _____ in the State of _____.		(Notarial Seal)
Notary Public _____ (signature)		
MY COMMISSION EXPIRES: _____		

This collection of information is required under 35 U.S.C. § 2 and § 122. This information is provided by the public as part of the request for or revocation of a U.S. Patent and Trademark Office (USPTO) public key certificate or to request recovery of your private encryption key. The USPTO will use this information in the process of issuing or revoking a public key certificate or recovering an encryption key. The information on this form will be treated confidentially to the extent allowed under the Government Paperwork Elimination Act, Freedom of Information Act (FOIA), and the Privacy Act. In order to access information that is released through encrypted communication, you must supply the requested information in order for the USPTO to issue the necessary digital identity and encryption services.

This form is estimated to take 30 minutes to read the instructions, gather the necessary information, complete the form, read and sign the subscriber's agreement, and submit the form to the USPTO. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS. SEND TO: Mail Stop EBC, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application: 10/709,394
Amendment date: February 28, 2006
Reply to Office Action of September 01, 2008

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SEP 02 2008

Application No: 10/ 709, 394

Applicant: Prabir Sen

Filed: September 09 , 2004

Customer No; 038150

Confirmation No: 3393

Amendment

Sir or Madam:

In response to your letter dated April 02, 2008, please amend the above identified application as follows:

Amendments of Claims are reflected in the listing of claims which begins on Page 1 of this paper.

Remarks / Arguments begin on Page 6 of this paper

An Appendices including amended Claims and Drawings are attached following page 7 of this paper.

Full document is attached as per the revision suggested.